AGES GYNAECOLOGIC SURGICAL CATERGORIES

Emergency surgeries (no delay)

- Ectopic pregnancy
- Miscarriage
- Adnexal torsion
- Ruptured tubal-ovarian abscess/mass
- Tubal-ovarian abscess not responding to medical management
- Acute and severe per vaginal bleeding
- Emergency cervical cerclage
- Viscus perforation
- Closed-loop bowel or colonic obstruction
- Incarcerated hernia with gynaecologic tumour
- Acute vulval, vaginal, uterine or pelvic haemorrhage
- Molar pregnancy
- Pelvic mass with torsion or causing urinary or intestinal obstruction

CATEGORY 1 (URGENT)

Procedures that are clinically indicated within 30 days.
These conditions have the potential to deteriorate quickly to the point where it may become an emergency. These conditions have the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

Emergency surgeries (listed above)

Post-menopausal bleeding with abnormal imaging – suspected gynaecological malignancy.
High risk pre invasive disorders

Adenocarcinoma in situ (ACIS) identified on PAP smear.

Pelvic and/or abdominal mass on imaging – suspected gynaecological malignancy Suspicious masses - RMI >200.

Suspicious masses – RMI <200 but history of other malignancy or family history of related malignancy, ascites or significantly concerning USS features.

Malignancy

Endometrial cancer.
Cervical and vulvar cancers—surgery with curative intent.
Cervical and vaginal malignancies requiring radiation applicators.
Cervical AIS or inadequate colposcopy and concern for invasive cancer.
GestationalTrophoblasticNeoplasia.
Advanced ovarian cancer, particularly interval CRS.
Abdominopelvic masses concerning for malignancy.
Symptomatic gynaecologic cancer in pregnancy requiring surgery.
Patients with recurrent disease without non- surgical options.
Symptomatic patients with inoperable primary or recurrent cancer requiring palliative cancer procedures (e.g., diverting colostomy, venting PEG tubes, but not including exenteration).
Consider postponing total pelvic exenteration during the COVID-19 pandemic
****CAREFULLY CONSIDER AND NEGOTIATE ALL CASES THAT MAY NEED ICU****
****CONSIDER ALTERNATIVE PATHWAYS including CHEMO/RADIATION****

Other Surgeries that if significantly delayed could cause significant harm

Severe anaemia requiring repeated transfusion.
Cerclage of the cervix to prevent premature delivery based on history.
Pregnancy termination (for medical indication or patient request).
Chorionic villus sampling/amniocentesis (CVS is performed between 11 and 14 weeks of gestation; amniocentesis is performed 15-22 weeks of gestation).

CATEGORY 2 – (SEMI URGENT)

Category 2 procedures are clinically indicated within 90 days.
Not life threatening but potential for future morbidity and mortality.
Surgeries that can be delayed in the short term. These conditions cause pain, dysfunction or disability. Unlikely to deteriorate quickly. Unlikely to become an emergency.

Preinvasive disorders

- Cervical conization or Loop Electro-Excision Procedure for high grade squamous intraepithelial lesions.
- VIN
- VAIN
- CAH/EIN.

Completion surgery for early-stage malignancy.
Management of abnormal uterine bleeding without risk factors for malignancy not responding to medical management, requiring transfusion/blood products.
Endometriosis with significant pain, after failed medical management.
Risk reducing surgery for genetic predisposition to gynaecologic cancer as per appropriate guidelines (EVIQ, SGO).
Benign appearing but significantly symptomatic ovarian cysts/masses.
Surgery for significant prolapse/procidentia with complications.
Recurrent cancer requiring palliative resection.
Management of fistula – vesicovaginal (and associated eua/cystoscopy)

Category 3 (NON URGENT)

Procedures that are clinically indicated within 365 days.
These conditions cause pain, dysfunction or disability. Unlikely to deteriorate quickly. Does not have the potential to become an emergency.

Sterilization procedures (eg, salpingectomy).
Surgery for fibroids (sarcoma is not suspected).
Myomectomy.
Hysterectomy (for indications ***not*** described above).
Surgery for endometriosis, pelvic pain (***not*** covered above).
Surgery for adnexal masses that are most likely benign (eg, dermoid cyst)
Surgery for pelvic floor prolapse.
Surgery for urinary and/or faecal incontinence.
Therapeutic D&C with or without hysteroscopy with or without endometrial ablation for abnormal uterine bleeding and cancer is not suspected.
Infertility procedures (eg. hysterosalpingograms, most elective embryo transfers).
Genital plastic surgery.
Excision of condyloma acuminata (if cancer is not suspected).

References

https://www.facs.org/covid-19/clinical-guidance/elective-case/gynecology

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https://healthywa.wa.gov.au/Articles/A_E/Elective-surgery

https://ages.com.au/resources/ages-covid-19-bulletin-board/

NATIONAL ELECTIVE SURGERY URGENCY CATEGORISATION - GUIDELINE—APRIL 2015 Australian Health Ministers' Advisory Council, April 2015